Summary note of the meeting on 12 March 2019

Attendees
Clare Marx, GMC Chair (Forum Chair)
Andrew Dawson, Department of Health NI
Paul Darragh, BMA
Joanne Donnelly, GMC
Grainne Doran, RCGP
Christine Eames, GMC
Keith Gardiner, NI MDTA
Lourda Geoghegan, RQIA
Susan Goldsmith, GMC
Cathy Jack, Belfast HSC Trust
Jane Kennedy, GMC
Charlie Massey, GMC
Heather Monteverde, Long Term Conditions Alliance
Marion McCann, GMC (Forum secretariat)
Jackie McNeill, Patient Client Council
Mark Roberts, HSC Safety Forum
Paul Reynolds, GMC

Observers
David Colvin
Stephanie Campbell
Olivia Devlin
Welcome and Chair’s introduction

1 The Chair welcomed attendees to her first meeting of the UK Advisory Forum (UKAF) in Northern Ireland as Chair. She welcomed Jackie McNeill, Andrew Dawson and the ADEPT Clinical Fellows to their first meeting of the Forum.

2 The Chair reminded members of the GMC’s commitment to working as a four country regulator and the importance of these Forums as part of that effort.

Actions from the previous UKAF meeting

3 Forum members noted the actions agreed at the meeting on 8 November 2018. These included:

   i To explore alternative options for presenting GMC Data.

   Action taken: We are progressing further analysis of doctors who are working part time and plan to include this in *State of medical education and practise in the UK 2019*. We are exploring how we can incorporate population density data.

   ii To explore how the GMC communicates with doctors at the beginning of F1 and other transition points in their careers.

   Action taken: Queen’s University and Sub Deans, based in HSC Trusts, have agreed in principle to the GMC delivering a guidance workshop for final year students as part of their Assistantship Programme. This would allow us to meet this cohort and familiarise them with GMC guidance immediately before they take up positions.

Medical workforce, quality and safety

Agenda Item 1: Supporting the delivery of Northern Ireland’s workforce strategy, including an update on Brexit

4 Forum members were provided with an update on GMC’s contingency planning for Brexit. The key issues noted were:
A comprehensive programme of work has examined the legal, operational and policy impact of Brexit and we have put in place new systems and process to address this.

The GMC continues to engage with our European counterparts to ensure that the process that EEA qualified doctors are required to take to register and practise in the UK is as smooth as possible.

The Medical Council of Ireland and GMC maintain regular dialogue and are committed to working together on areas of mutual interest.

5 Members received an overview of the Department of Health’s Workforce strategy. Key themes included:

i Sufficient availability of high-quality training and development

ii Effective workforce planning

iii Multidisciplinary and inter-professional working and training

iv Building on, consolidating and promoting health and wellbeing

v Co-produced staff appraisal and engagement project

vi Improving workforce business intelligence

6 The Forum heard that the GMC can offer to support workforce planning via sharing our data and insights with our regulatory partners, streamlining access to the register for International Medical Graduates, opening a new clinical assessment centre in Manchester and lobbying for legislative change to reform access to the GP and specialist register.

7 The Chair invited comments and questions:

- Members discussed the challenge of implementing a workforce strategy in an HSC system under increasing pressure and demand.

- There was a discussion on the important role of Physician Associates within the HSC service. Members agreed that legislation to introduce professional regulation for this group is required to maximise their value and that development opportunities for them are essential.

- Initiatives to retain doctors working within the system were discussed. Members noted the importance of prioritising health and wellbeing, access to training and development opportunities, plus the importance of work life balance.
A discussion followed about the role of SAS doctors. Members noted that the GMC is surveying SAS doctors for the first time in March/April 2019.

Member noted the benefits of NI MDTA becoming the single employer for trainees.

The importance of addressing system pressures and promoting a just and fair culture was discussed.

There followed a discussion of the merits of increasing flexibility in medical education and training whilst maintaining patient safety and balancing the needs of the service.

Members welcomed the GMC’s commitment to share its data and insights.

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Agenda item 2: Review of Medical School Places in NI

Prof Keith Gardiner provided the Forum with an overview of the findings made by the Review of Medical School Places in Northern Ireland. Members then heard about the issues impacting Foundation Year One (F1) doctors in NI. It was noted that:

- NI is very dependent on UK and Ireland medical graduates and in particular QUB graduates, for its medical workforce. This dependence is increasing with a reducing number of IMGs and EEA doctors in NI.
- Despite an increase in the number of GPs, non-consultant grade doctors and specialists working in NI over the last 17 years, there remains a shortage of doctors working in permanent positions.
- The NI medical workforce will be required to grow to meet the needs of an aging population.
- Increasing the number of funded medical school places will not have an impact on the number of fully trained doctors available to apply for GP posts for approximately 9 years. For specialist posts this is approximately 16 years.
- There has been a significant change in the behaviour of doctors after completion of the Foundation Programme over the last five years, with a decline in the numbers progressing directly to GP or specialty training.
- NI MDTA surveyed F1 doctors in 2017/18. The results indicated areas for improving their experience including job shadowing, departmental induction, alignment to teams, workload, participation in ward rounds, and access to educational opportunities and teaching.

The Chair invited comments and suggestions:
Congratulations were offered to Prof Gardiner on the completion of the Review of Medical School places.

There followed a discussion about the significant challenges in attracting non domicile doctors to work in the HSC service.

It was noted that the Department of Health was unable to make decisions about increasing medical school places in the absence of a functioning Executive.

Members discussed the professional obligation of doctors to support F1 colleagues and recognise the value they bring to teams.

There was a discussion about the lessons that can be learnt from the private sector in supporting and valuing graduate employees.

**Upstream regulation: preventing harm and supporting professionalism**

**Agenda item 3: Maximising the collective effect of our field forces**

10 The Forum heard that the establishment of an office in Belfast has enabled the GMC to foster and maintain good working relationships with a range of stakeholders and regulatory partners in NI. In 2019 the GMC is carrying out some internal work to improve the way we engage externally. The goals for this work are:

i to get closer to doctors, patients and the healthcare economy to provide more support to improve patient safety before things go wrong rather than acting after bad things have happened

ii to work more closely with others and share our insight and intelligence to improve patient safety

iii to provide a more seamless and co-ordinated experience for stakeholders

iv to better understand and support regional and national priorities.

11 Members were asked to share their views on what they would like the GMC to do more, how the GMC could do those things more effectively, and what opportunities exist to collaborate with partners.

12 Members welcomed the GMC's ambition to move to a risk based, lighter touch model of regulation as demonstrated in the review of educational quality assurance.

13 It was noted that Forum members and GMC stakeholders in NI have a different understanding of the role of the GMC from individual registrants. There followed a discussion about how to improve the GMC's interaction with individual registrants in NI. Suggestions including increasing numbers of professionalism workshops and
utilising social media channels through ‘super connectors’. The Chair agreed to review our range of communication channels with registrants.

14 It was noted that interactive GMC professionalism workshops, run in partnership with NI MDTA and the HSC Trusts, have given doctors working in NI an opportunity to engage positively with the GMC.

15 Members noted the valuable role Clinical Fellows, working on projects within the GMC, play in breaking down barriers and increasing understanding of the regulatory role of the GMC. It was noted that the GMC NI Office hopes to recruit an ADEPT Clinical Fellow to commence work in autumn 2019.

16 The Chair welcomed the Patient and Client Council’s offer to collaborate to raise patient and public awareness of the GMC and explore opportunities for patients to contribute to consultations on GMC policy development. The GMC NI team will co-ordinate this joint working.

The Chair’s closing comments

17 In closing the Chair offered thanks to Andrew Dawson and Prof Keith Gardiner for their informative presentations.

18 The Chair commented on the significant medical workforce challenges across the UK and the importance of recognising the unique circumstances which are impacting on the workforce in NI.

19 Summarising the main themes discussed by the Forum, the Chair highlighted that members noted the need for professionalism in interactions between medical colleagues, the importance of wellbeing and creating flexibility within training and the workforce.

20 In closing the Chair thanked members for their contribution, noting that she looked forward to further constructive engagement with the Forum during her term as chair.

21 The next UKAF meeting will take place on 13 November 2019.